

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 02 / 2014</div> </div>		
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 09 / 30 / 2014</div>		
Mailing Address 100 Indiana Avenue, N.W.			Amount <div style="border: 1px solid black; padding: 2px;">612.48</div>		
City Washington State DC Zip Code 20001		Transaction ID : D543089 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 09 / 30 / 2014</div>			
Purpose of Expenditure InKind Staff		Category/Type 001			
Name of Federal Candidate MARK E UDALL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: CO <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">20335.27</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Grassroots Solutions			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 09 / 30 / 2014</div>		
Mailing Address 2828 University Avenue SE, #150			Amount <div style="border: 1px solid black; padding: 2px;">775.93</div>		
City Minneapolis State MN Zip Code 55414		Transaction ID : D543106 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 09 / 30 / 2014</div>			
Purpose of Expenditure Canvasser		Category/Type 001			
Name of Federal Candidate TERRI LYNN LAND			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: MI <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">46747.13</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px;">1388.41</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Elizabeth H Shuler</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y 10 / 17 / 2014</div>		